

# GENERAL INSTRUCTIONS

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This section provides definitions and general instructions for the Montana Substance Abuse Management System (SAMS). Subject areas include system overview, program requirements, system components and general reporting procedures.

## SAMS SYSTEM OVERVIEW

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The SAMS has been designed to allow state approved chemical dependency programs to provide client services data to the Department of Public Health and Human Services (DPHHS) electronically by connecting directly to the Department's Oracle Server. This document provides instructions for providing data on printed paper forms for input into the system.

The SAMS system consists of the 15 forms listed below. Forms are used by state approved chemical dependency programs to provide client data to the Montana DPHHS and for client files.

### **THE CLIENT INFORMATION FORM**

The Client Information Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting client identification and demographic data. These data are Agency Wide Accounting & Contracting System (AWACS) and are brought forward into SAMS.

### **THE CLIENT ADMISSION FORM**

The Admission Form is completed for each client admitted or readmitted into a treatment program with the intention of providing regularly scheduled, face-to-face services based upon an individualized treatment plan.

### **THE CLIENT INSURANCE FORM**

The Client Insurance Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting insurance coverage.

### **THE CLIENT ELIGIBILITY FORM**

The Eligibility Form is completed for each client admitted or readmitted into a treatment program with the intention of determining financial eligibility for benefits. **It must be updated every 30-days.**

### **THE ADULT ADDICTION SEVERITY INDEX FORM**

The ASI Form is completed for each client admitted or readmitted into a treatment program with the intention of developing a better understanding of a client's treatment needs and outcomes. It is not required, but will be at some point in the future.

### **THE TEEN ADDICTION SEVERITY INDEX FORM**

The T-ASI Form is completed for each client aged 18 or under admitted or readmitted into a treatment program with the intention of developing a better understanding of a client's treatment needs and outcomes. It is not required, but it will be at some point in the future.

# GENERAL INSTRUCTIONS

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## **THE CLIENT DIAGNOSIS FORM**

The Diagnosis Form is completed for each client admitted or readmitted into a treatment program to assist in developing a treatment plan based on DSM criteria.

## **THE CLIENT DRUG MATRIX FORM**

The Drug Matrix Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting specific drugs of abuse, frequency of use, age of first use and route of administration.

## **THE CLIENT PLACEMENT FORM**

The Placement Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting treatment based on ASAM criteria. This form is also used to record any transfers in service for the client as well as concurrent levels of care.

## **THE CLIENT SERVICES AND TREATMENT FORM**

The Services and Treatment Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting a specific treatment plan for the client. This form is used to record treatment events for the client such as an individual session or a group session.

## **THE CLIENT DISCHARGE FORM**

The Discharge Form is completed for each client discharged from a treatment program component, regardless of reason, after being admitted to that program and receiving regularly scheduled, face-to-face services based upon an individualized treatment plan.

## **THE CLIENT FOLLOW-UP FORM**

The Client Follow-Up Form is used to assist continued contact with former clients gather client information and support gains made in the recovery process. In the future, the follow-ups will include an ASI or a T-ASI.

## **THE ACT PROGRAM FORM**

An ACT Program Form is completed for each individual participating in the ACT program and should be completed when the ACT client leaves or completes the ACT program.

SAMS data will be sent to the Federal subcontractor Synectics every month. The way SAMS has been designed, an Admission Form, an admission Drug Matrix Form, an admission Placement Form, and an admission Diagnosis Form are all required to make up a complete admission that can be sent to Synectics.

## **PROGRAMS REQUIRED TO REPORT ON SAMS**

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SAMS is authorized under Chapter 24, Title 53, MCA. All state approved chemical dependency treatment programs are required to submit client information and treatment services data to the Montana Department of Public Health and Human Services. Failure to report may result in the

# GENERAL INSTRUCTIONS

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suspension or termination of approval status and the loss of county or state funds generated under Chapter 24, Title 53, MCA.

## CLIENTS REPORTED UNDER SAMS

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The SAMS was developed to collect socio-demographic and service delivery data for clients receiving services from state-approved chemical dependency treatment programs in Montana. A client is defined as follows:

### CLIENT

A client is a person receiving services including screening, assessment and case management for a problem with drugs and/or alcohol. Treatment services are provided to individuals diagnosed and admitted to the program for treatment services.

A client must, in accordance with Administrative Rule and under timelines therein, have a file containing a bio-psychosocial history, treatment plan and progress notes. The treatment plan must include reflection of the qualifying patient placement criteria, measurable treatment goals and objectives with a dimensional focus and a schedule of clinical and supportive services. Every active client must receive face-to-face treatment services at least once a month. These services must be documented in the client file. Active clients constitute the program's caseload.

### INACTIVE CLIENT (Level One Only)

A client becomes inactive when he/she has not received 2.5 hours of direct face-to-face treatment services for one month. A client can be maintained as an inactive client for 60 days. If the client does not receive face-to-face treatment services during the 60-day inactive status, he/she must be discharged. **When a client has not received the required direct face-to-face treatment services for 90 days the program must discharge the client from SAMS on the date face-to-face treatment services were last provided.** Programs may discharge clients earlier than 90 days at their own discretion.

### CASELOAD

The SAMS Caseload Report lists all clients that have not been discharged. The report contains columns that show the number of days since the last service and the last service date. It is up to the provider to run this report every month and manage their own caseload.

**Detox, inpatient, day treatment, intermediate care, transitional living and intensive outpatient components should not have an inactive caseload. Residential programs with more than one component that serve clients between approved components within the same program must use the concurrent section of the Placement record.**

EXAMPLE: Jane Howard is admitted to your CD Residential Program (which is approved for Intermediate Care (3.1)). At the same time that she is in your residential program, she is receiving Outpatient services from your Main program. The Admission record will be to the Main program. The Placement record will be (1) Primary

# GENERAL INSTRUCTIONS

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Placement in Intermediate Care with (2) Concurrent Placement in Outpatient Services.

## ACT PROGRAM PARTICIPANTS

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Assessment, Course, & Treatment (ACT) program participants are individuals who are court ordered to attend an ACT program provided by an approved chemical dependency program. ACT program participants are entered into SAMS using the ACT Program Form (see Section 12) and should not be counted as part of the Active Caseload. ACT programs are considered educational services and must not be confused with treatment. ACT participants must be evaluated and assessed as needing treatment before they are admitted to treatment. A person may be admitted into treatment and the ACT program concurrently. However, ACT program participants must have been evaluated and assessed as needing treatment before they are admitted to the treatment program.

## TREATMENT SYSTEM COMPONENTS

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### **PROGRAM**

A program is the approved organization that manages and administers treatment services. A program may supervise more than one facility at different locations. Each state approved program is assigned a program number by the Department of Public Health & Human Services.

**A single program may provide more than one service component. In that case, when transferring a client between approved components WITHIN THE SAME PROGRAM, the SAMS Placement form must be filled out with each transfer. A placement record must be created transferring the client to a new level of care.**

### **FACILITY**

A facility is a specific location supervised by a program and providing direct treatment services. Facility codes are assigned by each program. The Department of Public Health & Human Services must be informed of facility code assignments in writing.

### **DETOXIFICATION**

Detoxification (emergency care) means the services required for treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the physiological effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short-term medical intervention in a licensed medical hospital. Community based detoxification refers to short-term medical observation in a social setting with 24-hour nursing care with access to medical services.

# **GENERAL INSTRUCTIONS**

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## **INPATIENT HOSPITAL CARE**

Inpatient Hospital Care means treatment for persons requiring 24 hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Public Health and Human Services under Section 50-5-201 MCA. Services include medical evaluation and health supervision; chemical dependency services; organized individual, group and family services; discharge referral to necessary supportive services; and a client follow-up program after discharge.

## **INPATIENT FREE STANDING**

Inpatient Free Standing Care means treatment for persons requiring 24-hour supervision in a residential setting. Services include a physical exam signed by a licensed physician; chemical dependency services; organized individual, group and family services; discharge referral to necessary supportive services and a client follow-up program after discharge.

## **INTERMEDIATE CARE (TRANSITIONAL LIVING)**

Intermediate Care (Transitional Living) means a non-medical residential facility in a community based setting. These facilities provide residential services for individuals who have recently received chemical dependency inpatient services or those receiving concurrent outpatient treatment services who require a moderately structured living arrangement. Services provided include case management, employment skill development, daily living skills, and social and recreational activities.

## **DAY TREATMENT**

Day Treatment means services for persons requiring a more intensive treatment experience than intensive outpatient but who do not require inpatient treatment. Day treatment provides at least 5 hours of client contact time per day for at least 4 days per week. This service can only be provided by Programs that have a 3.5 Inpatient facility.

## **INTENSIVE OUTPATIENT CARE**

Intensive outpatient care means a structured outpatient program providing each client at least 10 hours of counseling and chemical dependency education services per week, length of stay is based on patient placement criteria. Hours must not be over the 10-hours per week.

## **OUTPATIENT CARE**

Outpatient Care means services provided on a regularly scheduled basis less than 9 hours weekly but greater than 2.5 monthly to clients residing outside a program. Services include crisis intervention, chemical dependency counseling, referral services and a client follow-up services program after discharge.

# GENERAL INSTRUCTIONS

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## SOURCES OF INFORMATION

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Instructions for submission of completed data and questions concerning SAMS reporting procedures and policies should be directed to:

Addictive & Mental Disorders Division  
Chemical Dependency Bureau  
ATTN: Joy Langstaff  
P.O. Box 202905- 100 N. Park Suite 300  
Helena, MT 59620-2905  
Phone: 406-444-9635  
Fax: 406-444-4435  
Email: [jangstaff@mt.gov](mailto:jangstaff@mt.gov)

Addictive and Mental Disorders Division  
Chemical Dependency Bureau  
ATTN: Rona McOmber  
307 E. Park, Room 307  
Anaconda, MT 59711  
Telephone: 406-563-7054  
Email: [rmcomber@mt.gov](mailto:rmcomber@mt.gov)

This instruction manual, forms, and the technical manual are all available on the web. Links are provided below:

<http://dphhs.mt.gov/amdd/FORMSAPPLICATIONS/SAMSFORMS.aspx>